

THE

# LOUISVILLE MEDICAL NEWS:

"NEC TENUI PENNÂ."

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SATURDAY, MARCH 17, 1883.

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## Original.

### A CASE OF EXTIRPATION OF THE GALL-BLADDER FOR CHOLELITHIASIS.

BY S. BRANDEIS, M.D.\*

The gall-bladder is, according to the unanimous opinion of modern authorities like Frerich, Schœffel, and others, the focus proper for the development of gall-stones, and only proportionately rare is their growth in the biliary ducts. At present we will have to deal only with such gall-stones as occur in the gall-bladder. Meanwhile, it may be mentioned that, according to the most accurate investigations, it is hardly possible for stones having a diameter of one centimeter to pass the common gall-duct, and that such concretions pass from the gall-bladder in virtue of ulceration much more frequently than through the proper duct; and by the former process they drop either into the intestinal canal, where they are apt to produce more serious and mortal disturbances, or into the stomach, the urinary passages, portal vein, and sometimes by ulceration from the abdominal walls escape from the body—not quite so rarely they drop into the abdominal cavity, and then with inevitably fatal result.

It would be well for us, in presence of these well-known facts, to bear in mind the insidious and changeful character of cholelithiasis and be indefatigable in perfecting means for the prevention and removal of this threatening evil. Happily most of the cases recover spontaneously; besides we control a list of valuable remedies, the efficiency of which is, however, confessedly limited. Admitting the correctness of the idea held by Schœffel, that the therapeutic means looking toward a resolution of gall-stones are illusory in their supposed virtue, we may nevertheless facilitate the escape by proper-

ly directed diet, prevent the formation of gall-stones, and yet there are cases in which it is impossible to bring about desirable results by any means ordinarily practiced. Of the latter class of cases a greater or less number will be found amidst the clientele of most practitioners, and upon the above-named conditions obtain, the suffering of the patient is essentially insidious; and the question constantly repeats itself, whether they should be left to their fate, or whether by attacking the point of the disease, namely, the gall-bladder itself, we may hope for an abolition of the trouble. This naturally resolves itself into a surgical question.

The surgery of the gall-bladder is still in its infancy, but it exists, and the names of Petit, Thudichum, M. Sims, Kocher, G. Brown, Lawson Tait, König, and others, are in a glorious manner connected with it. True, it has up to this time only looked to a removal of those conditions growing out of calculous formations, and consisted only in dilatation of fistulas, extraction of stones, and the operations for the removal of dropsy and empyema of the gall-bladder. In fact, only such conditions become the object of interference as may occur in almost any part of the body, and are purely surgical. However, only the product of the disease and not the disease itself was removed. The pregnant question respecting the removal of the latter by mechanical therapeutic means presents itself in connection with this.

It was the following case which gave rise to the meditations just expressed:

M. H., a purveyor of the Lazarus Hospital at Berlin, was a sufferer for several years. In spite of the most careful dietetical and medical treatment and a repeated sojourn at Carlsbad, his illness passed from bad to worse. When he, in 1874, entered upon his duty as steward at the hospital, his condition was already right bad. All imaginable remedies and advices have already been

\* A Translation, from C. Langenbeck, M.D., of Berlin.

followed and exhausted without benefit. Nothing but morphine gave him any relief or rest as to enable him to perform his duty. Gradually the aspect of the disease changed. The discharge of the concretions became less and rare; the attack of colic-pains lost their paroxysmal character and became long and protracted, varying only in intensity. Icterus, a continual fever, associated with morphinism, a failing of physical and mental forces became more and more distinct. Finally, his decline became more rapid, and a septic lymphangitis of the upper and lower right extremities terminated the case.

Post-mortem autopsy was not granted, but it is reasonably presumed that the fatal inflammatory process was in a metastatic connection with an ulcerated process in the abdomen, caused by the gall-stones.

This and similar cases in my recollection started in my mind the question, whether or not a radical cure of that evil could be reached by a removal of the gall-bladder, and whether such a proceeding would be physiologically justifiable and surgically practicable.

The first point was easily answered. We all know that the existence of the gall-bladder is not general in the animal kingdom. We know that the entire *genus equus* and likewise *elephas* are not provided with that seemingly important organ, and thrive without it. We further know that a congenital absence and a defect as the result of inflammatory shrinking was repeatedly reported by Rokitsansky, and, as a rule, it existed without disturbance of health or shortening of life. In such cases the bile is directly discharged into the intestinal canal, which gradually accommodates itself to the same, or the biliary duct by gradual distension makes arrangement for a new reservoir. Objections from a physiological stand-point being removed, the technic of the operation was now taken into consideration. The solution of this question was arrived at by a number of experiments on the cadaver, and the result is that of all surgical operations on the abdomen requiring laparotomy, the removal of the gall-bladder, after previous and careful ligation of the cystic duct, is the least important surgical interference.

An incision along the lower edge of the liver, meeting another on the inner edge of the right rectus muscle in a T shape, each from four to six inches long, will open the abdominal cavity in proper manner. Now the colon and the protruding jejunum is

pushed down with warm flat sponge; if now the liver is slightly removed upward, the ligamentum hepatico duodenale is becoming stretched in such a manner that it will come in view, and that part of it which forms the anterior edge of the foramen Winslowii can be grasped by the operator with his left hand. In this duplication of the peritoneum are contained the biliary ducts and the portal vessels. In order to isolate now the ductus cysticus, which is situated at the outer edge of that ligament, it is best to now divide some of the peritoneal bands and so expose the gall-bladder to view, which is tapering downward and finally ends in the cystic duct; around this a stout silk ligature is placed and firmly tightened. As it is essential that a firm and permanent occlusion should be secured, catgut is consequently excluded. The detachment of the cyst is now accomplished by carefully dividing the peritoneal covering in the circumference with knife and scissors combined with gentle pulling. Now follows the dividing of the duct external to the ligature. If the gall-bladder is lightly filled, it may be emptied by aspiration before its detachment in order to prevent a contamination with bile of the operation field from accidental puncturing of the sac. Wounding of the liver has to be carefully avoided, though large vessels requiring ligation are not apt to be met with. Closing of the abdominal incision is the last act of this operation, at which no more than the right flexure of the colon needs to be exposed.

The justification and practicability of this operation as a theoretical result of my studies was now established; soon after the opportunity presented itself for the practical execution of the same. In the latter part of June, 1882, Dr. N. Meyer, of Berlin, had the kindness to introduce to me M. D. for consultation. Patient is forty-three years of age, a city official in Berlin, who suffers from biliary calculus. Up to 1876 he enjoyed good health. In that year he was suddenly taken with vomiting and severe colic-pain which generally lasted for twenty-four hours; such spells he had in the beginning only one or two in a year, but in 1879 an intense icterus made its appearance, which lasted for two months. From now on the spells came more frequent and stronger; in every instance they were followed by dark coloring of the integuments, or at least of the albuginia oculi, and disability for duty. Once, it is stated, an elastic tumor was discovered in the locality generally oc-

cupied by the gall-bladder; some of the concretions which were discharged were pea-shaped in form and of dark brownish color. Upon advice of Prof. Frerich, patient visited Carlsbad in three successive seasons, after which the trouble was rather aggravated. The first season his weight was one hundred and forty-five pounds; one year ago it was one hundred and thirty pounds, and is now ninety-eight pounds. Evidently emaciation is progressive; the integuments are relaxed and icteric, and so is the conjunctiva; there is great tendency to profuse perspiration; tongue is clean, abdomen soft. In the hepatic region on percussion flatness within normal limits, the gall-bladder not distended, urine contains no biliary elements nor any other abnormal admixture, the stomach very irritable, digestion rather torpid, appetite very poor, some nausea, bowels obstinately constipated.

The painful spells appeared every day and with such intensity that fainting occurred. Since the last nine months patient is combating those spells with increasing doses of morphia. His mind is very depressed. He asserts that his suffering is growing worse. His strength is rapidly failing. Without morphia he could no longer exist. He looks forward to a sad future, and is determined to resign his office. The condition of the patient was really deplorable. The increasing debility, the decidedly defective alimentation, the growing demand for morphia, all that proved decidedly that he was running down an inclined plane on which an arrest was impossible.

The diagnosis being certain, and the prognosis bad, I considered it my duty to call the patient's attention to the only possible chance—an extirpation—and after due discussion of the *pro* and *con*, left him to arrive at his own conclusion. Some time was spent, during which he sought advice in other quarters. On the 10th of July he reported himself at the St. Lazarus Hospital, and asked to be operated upon. For a few days I caused him to lie in bed, and administered a purgative as preparatory to an operation. During this time he had two severe spells, in which the pains evidently started from the region of the gall-bladder, and extended over the abdomen.

On the 15th of July the operation was performed. Antisepsis was, owing to the novelty of the case, instituted in the most painstaking manner. Besides my regular assistants and the necessary attendance, Prof. A. Martin and T. Bush were present. The

operation proceeded in the manner just related. The gall-bladder was not inflamed, but somewhat thickened in its walls; it was moderately distended; its contents removed by aspiration with a Prava syringe. Two small cholesterin calculi were retained. It is presumed that the thorough purging aided in removing a great portion of the same. While detaching the bladder from the liver some venous hemorrhage occurred. The vessels were transfixed with catgut.

Patient had no pain after the operation, and passed a comfortable night. On the morning of the 16th we met him with a cigar in his mouth. Toward midday he experienced a distinct desire for nutriment. A minimum of light food was allowed. No pain all day. Temperature and pulse normal. On the 17th again hunger; liquid food; pulse and temperature normal. On the 18th perfect euphoria; no pain, but complaint of hunger. The very genteel and decent patient is determined to have something to eat. Some soft meat, gravy, and potatoes are given. Temperature and pulse normal. On the 19th patient complains of some pain between and below the scapulæ, pungent at respiration. At 4 P.M. temperature 100.3°, pulse 110. Examination was dispensed with on account of the wound in the abdomen. A pleurodynia suspected. A clysm and some laxative tea ordered.

July 20th, one action; euphoria; pulse and temperature normal. July 21st, sutures from wound removed; union of wound perfect; in the evening one liquid discharge from bowels. Recovery proceeds undisturbed. July 27th, patient leaves the bed. The old pain, up to this (November 15th), never returned. For some time some irritability of the stomach persisted. Even that disappeared. Morphine was never demanded since. His weight increased by fifteen pounds, and in one week more three pounds.

The case just narrated was certainly one of intense disposition to the formation of biliary concretions. It is true that the same never reached a size which would prevent their passing through the duct, but the patient, even by their spontaneous removal, was exposed to lasting severe pain.

The question as to the justification and practicability of cholecystectomy stands now as solved, and by this successful case clinically sanctioned.

It is my opinion that this operation is only admissible in extreme cases, when patient and physician have arrived at ultimate

resort; and it must only be executed by a skilled hand and under strict antiseptic measures.

It being admitted that cholecystectomy may be considered as the least dangerous of all operations performed on the abdomen, we will agree in saying that it must be far preferable to relinquishing the patient to the unavoidable fate of morphinism or the other insidious terminations of the disease. Furthermore, if we take a review of the older methods for the removal of the various diseases of the gall-bladder, like dropsy, empyema, and calculi, which consisted in opening the cyst and attaching the edges to the integuments, it will become most conclusive that these older proceedings are pregnant with much more danger by the fact that secretions like bile, blood, and air are apt to find their way into the cavity; and, after all, they rarely ever heal without leaving a fistula. And finally, we must not lose sight of the fact that the real source of the disease, the mucous membrane, is not removed by the old mode of treatment, and the liability to relapses still exists.

I believe I am justified in claiming that this operation, as suggested and executed in insidious cases of cholelithiasis, extirpation of the gall-bladder with previous ligation of the cystic duct, may be accepted as the least dangerous method for that and similar morbid processes of this organ.

LOUISVILLE, Ky.

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### Miscellany.

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KENTUCKY STATE BOARD OF HEALTH.—The Sanitary Engineer, noticing the annual report of this organization, says:

We had heard nothing from or of the State Board of Health of Kentucky for a year or more, until this report came to hand; hence we opened it with no little curiosity and laid it down with a corresponding disappointment. Whatever the board may have been doing, there is no record in this report of any thing that it has accomplished or that it desires to accomplish.

Its one hundred and nine pages are devoted to what is called a registration report, the statistics of which, as Dr. J. W. Holland, a member of the board, remarks, are of no value, and any deductions from them would most likely be misleading. Dr. Holland's paper on the registration of vital statistics points out briefly and clearly that the physi-

cian is a necessary part of the machinery for obtaining vital statistics, and that therefore the State should require "that the licensed doctor shall have enough technical knowledge to establish the presumption that his opinion of the cause of death will be so near the truth as to be available for practical purposes." Some amusing illustrations of ignorance, as shown by reports of causes of death, are given, such as "falling of the brain" and "delicacy."

The Louisville Medical News, in a recent editorial upon this board, apparently written by some one who knew what he was talking about, says, "Two members of the board never attend its sessions and take no interest whatever in its work. . . . It is the perpetual cry that nothing can be done unless a larger appropriation is made for the work of the board. Every physician knows the present appropriation is altogether too meager for the work assigned an efficient State Board of Health. For the work of the board as now conducted, however, the appropriation is ample, and more than ample. There is nothing practical in the little work which is now conducted. Public confidence and professional coöperation are most needed by the board. After this will come increased appropriation; but when so little is given in return for the annual expenditure of public money as now obtains, it is useless to expect further aid. Indeed, if the existing condition of affairs is continued, we doubt if the next General Assembly will make any provision whatever for the preservation of the public health." So far as we can gather from this report, the strictures of the editor are justified. This board has been in existence four years, and by this time ought to have some definite plans and to be able to furnish some definite information. It is to be hoped that it will soon give both to the public.

MASSAGE.—It will be welcome intelligence to the members of the profession in Louisville to know that Madame Lager, whose card will be found in our advertising pages, will apply this valuable method of treatment whenever called upon. This lady has enjoyed exceptional opportunities for acquiring skill in all the details of the treatment, and in addition has the important qualification of appreciating her relations to the profession. She is worthy the utmost confidence, and physicians desiring to utilize this valuable therapeutic measure will find her services satisfactory in every respect.

DR. JAS. B. BAIRD, editor of the Atlanta Medical Register, makes the following announcement in the March number of his exceptionally excellent journal:

In consequence of certain contemplated business changes on the part of the proprietor of the Register, and of the exacting demands of other important duties upon the time and attention of the editor, the agreement heretofore existing between the publisher and the editor has been canceled by mutual consent, and with the next number of this journal the present editorial management will cease.

The withdrawal of Dr. Baird from journalism is a sore misfortune to the profession. Under its present editorship the Register has gained a prominent position in southern medical literature. All lovers of concise, clear, and graceful English; of firm, fearless, and emphatic statement of opinion; of vigorous, sound, practical common sense, and of high-bred courtesy have enjoyed these pleasures if they have read the productions of Dr. Baird's pen.

But, as the truly good say when a loved one is taken away, "our loss is his gain." No longer can printers pester him or subscribers scold him. No more correspondents' wretched letters will he be compelled to rewrite. No more amorphous articles will he have to lick into shape. No more bitter enemies will he make by failing to publish tedious, brainless, stale, unprofitable, and interminable papers. No more proofs will he have to sit up with late in the night time, when his mind and body are worn and weary from a long day's dreary and harassing labors. So, dear brother, whom we never saw, we congratulate, not commiserate, you on the change. But, though you are to be no longer an editor, we trust you will not cease to be a writer. Bury not, we pray you, your talent in a big practice, but keep it in circulation, that it may give pleasure and do good to the household of medicine.

*Vale.*

**A CURIOUS EXPERIMENT.**—The ease with which persons fall under hallucinations of special sense is illustrated by M. Yung, in a recent communication to the Helvetic Society of Sciences. The operator places eight cards on a table, in positions corresponding to forehead, eyes, ears, nose, mouth, and chin; he pretends to "magnetize" them and also some person in the company, and then goes out, while the magnetized person is required to touch any one card. The operator, having returned, notes the action of a confederate, who scratches a part of his

head corresponding to the card touched. Then he commences an innocent comedy, passing his hand carefully over the cards, and on reaching the touched card seeming to experience a strong shock. The observers are surprised, of course. One of them is then asked to go out and repeat the experiment. It is assumed that a certain card has been touched. Passing his hand over the cards, he indicates, in nine cases out of ten, a particular card as giving him a shock; and if the company be instructed to support his idea of that being the "correct card," he is confirmed in his illusion, which may be successfully repeated. Of eighty-five persons tried, M. Yung found only nine who refused to indicate a card, not having experienced any sensation. Fifty-three said they had exactly the sensation announced, and twenty-three described some different sensation.—*Boston Journal of Chemistry.*

**POISONING FROM THE PRESCRIPTION OF A CLERGYMAN.**—Clergymen are very fond of dabbling in physic. This sometimes leads to serious consequences. The Rev. Mr. Timins, of West Malling, England, has just been committed for trial on a charge of manslaughter. The reverend gentleman appears to have been in the habit of prescribing gratuitously for the members of his flock on the strength of a short period of medical study nearly half a century ago. On the present occasion he administered a spoonful of the essential oil of bitter almonds to a young girl for some supposed complaint, and she died in his arms in a few minutes. His intentions were doubtless good, and it is pitiable to see a clergyman of hitherto unblemished character, and sixty-nine years of age, in such a position. Still zeal, untempered by knowledge, is not of much avail in the practice of medicine. Clerical minds have been too apt to busy themselves with the mysteries of medicine, and let us hope that the unfortunate position in which Mr. Timins now finds himself may serve as a warning to others of his profession.

**TICKEROSIS.**—"Your husband requires rest," said the doctor, as he came from the sick-chamber. "He will soon be well; he has had a bad attack of tickerosis." "Tickerosis, doctor! Why, that's a new disease, isn't it?" "Yes, quite new. It is caused by watching the tickers in the brokers' offices. It affects the optic nerve and the spinal column."—*Exchange.*

**LINES WRITTEN UPON AN INFANT'S FIRST BIRTHDAY.**—(L'Accoucheur, in Boston Medical and Surgical Journal.)

Incarnate dream of that which is to be;  
Stupendous history of what has been;  
The unknown past and future meet in thee.  
Who shall record thy destiny, and when?

There lives no poet who thy fame can sing,  
Thou shalt have judgment only from thy peers.  
Perhaps thy life with joy and praise shall ring,  
Perhaps be passed in silence and in tears.

What shall thy mission be, wert thou forewarned?  
Say, wert thou welcome, or didst thou arrive  
Unwished for, hated, till thy birthday dawned?  
Such is the fate of some. Since thou art here,

Oh! plead with mothers that they do not kill  
The unborn infants Nature bids them bear.  
Bid love and life their mutual course fulfill;  
Bid life and love their mutual burdens share.

**DR. ROBERT BATTEY.**—The many professional friends of Dr. Battey throughout the South will be pleased to learn that he has established at Rome, Georgia, a private infirmary for the treatment of women with diseases peculiar to their sex. The building is composed of a series of two-story cottages connected together by covered verandas. Each patient has a separate room, carpeted, furnished in solid walnut and provided with fire. The infirmary is under the daily supervision of Mrs. Battey, and patients have all the comforts of a home. Dr. Battey has provided a separate room and ward which contains all the facilities for antisepticism and other conveniences for the management of surgical cases.

**DARWIN'S RELIGIOUS VIEWS.**—Charles Darwin thus wrote in 1879 to a German student: "I am very busy, an old man, and in bad health, and I can not gain the time to perfectly answer your questions, supposing that they may be so answered. Science has nothing to do with *Christ*, excepting in so far as the habit of scientific exploration makes a man cautious in recognizing proofs. As far as concerns myself, I do not believe that there has ever taken place any revelation. But regarding a future life, every body has to decide for himself between contradicting uncertain probabilities."

**IMITATION SEWER GAS.**—The young ladies of a New York school, says the Sanitary Engineer, lately resorted to this device. An examination was coming on; several of the young ladies were not prepared for it, and accordingly they put their heads togeth-

er to devise a scheme for preventing its holding. One suggested that a sewer-gas scare would be about the thing, and accordingly the fellow conspirators scattered limburger cheese plentifully through the desks. The odors which resulted convinced the principal that there was something fatally wrong about the sanitary arrangements of the building, and the examination was indefinitely postponed. If the proverb be true that it is not all gold that glitters, it is equally true that it is not always sewer-gas that gives out the penetrating odor.

**TEA AND COFFEE FROM GUANO.**—The Quinologist, of March, contains a learned article on this subject, of much scientific interest. Horace Greeley once replied to an agricultural correspondent inquiring about fertilizers who asked, "How does guano do with potatoes?" "It is purely a matter of taste, but I prefer butter with mine." We shall continue to draw our caffeine and theine from the foreign flora, and leave the products of the fauna to more experienced and enthusiastic scientists.

**DIGESTION OF MEAT.**—Dr. P. Hönigsberg has made a number of experiments to determine the digestibility of meat. His results, which seem to be reliable, contradict somewhat our views hitherto held in regard to this subject. Raw, cooked, and fried meat was digested artificially with gastric juice. It was found that fried meat is most perfectly digested, raw less, and boiled still less.—*Wiener Med. Blätter.*

**THE BIRTH RATE IN FRANCE** is lower than in any other country of Europe. In Russia there is one birth for every twenty inhabitants; Germany, one for twenty-five; Austria-Hungary, one for twenty-six; England, one for twenty-seven; Italy, one for twenty-seven; and Spain, one for twenty-eight. In France the rate is one for thirty-seven.

**THE POTATO.**—Costa Rica, in Central America, is the native home of the Irish potato. The Spaniards found it there in use as food.

**ARMY MEDICAL INTELLIGENCE.**

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from February 24, 1883, to March 3, 1883.

*Burton, Henry G.*, Captain and Assistant Surgeon, the leave of absence granted October 2, 1882, is extended two months. (Par. 2, S. O. 49, A. G. O., February 28, 1883).

## The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - } Editors.  
L. S. McMURTRY, A.M., M.D., - - }

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### STATE MEDICINE IN KENTUCKY.

Since the attention of the profession was directed to the inefficiency of the State Board of Health of Kentucky in these columns, the secular press has also pointed the public eye to the absurdities of its reports, the poverty in practical results of its little labors, and questions whether or not it is worth while for the State to continue the existence of such useless organization. Our criticisms, we hoped, would serve the purpose of arousing the board to energetic work, and thereby advance the whole profession in public esteem. No one can deny that the profession is invariably injured as a profession when its members are appointed to important public positions and utterly fail to acquit themselves in such manner as to reflect credit upon their guild. The utter failure, so far as practical results are concerned, which the State Board of Health has made has been a constant theme for ridicule and amiable criticism in professional circles for several years past. The diffuse essays and long pages of worthless, often erroneous, statistics have lost their charm for the public too, and the board is hard put to it to keep up appearances.

In consequence of these criticisms the board determined "to make a demonstration." The 7th of this month was selected,

and the members of all county and local boards throughout the State were called to meet the State Board in this city to organize a sanitary convention. Of the one hundred and thirteen counties in this State said to have local boards, nine members were present, and the demonstration materialized in the form of two columns in the daily Courier-Journal. Only four of the seven members of the State Board were present, and the entire convention, including invited friends, numbered sixteen persons. Two important resolutions were unanimously adopted. First, that the recent floods will not materially affect the public health; second, that the convention resolve itself into a sanitary council. The medical profession of Louisville was not invited to attend the convention.

Of the newspaper demonstration a goodly portion consisted of a reply to our strictures upon the board's methods, by Dr. J. N. McCormack, of Bowling Green. Dr. McCormack is well known throughout Kentucky and the country at large as an accomplished physician, a successful practitioner, with the ability to wield with power and grace both the scalpel and the pen. No one knows better than he that the columns of the daily press do not furnish a becoming medium for the discussion of professional topics in reply to the comments of the medical press. Dr. McCormack knows full well too that the board has done nothing to protect and improve the public health in Kentucky. His defense of the board was written solely for the public, and was well adapted to its purposes. Viewed from the stand-point of a medical man, it is indeed lame and indefinite. It deals with generalities and avoids the main point. It negates much and affirms little. It tells nothing as to what the board has done or is doing to improve the public health in Kentucky, or protect the people from epidemic or infectious diseases. Dr. McCormack claims that at the time the board was created no medical man in the State had any knowledge in public hygiene, and the inference is left that the

State Board, having devoted itself to such studies, now has a monopoly of that knowledge so far as Kentucky is concerned. He claims also that it is unreasonable to expect physicians to devote their time and labor to health boards, and thus diminish that sickness through which their living is earned. That no man can be expected to give his labor and time to public business when he receives no direct compensation. It is, of course, useless to reply to such statements as these when submitted to medical readers. It is only going a step further to say that we should not cure our patients quickly, since it pays more to keep them under treatment indefinitely.

The criticisms originally made in these columns relative to the board remain unanswered. The board should undertake some practical sanitary work. It should point out and urge measures for the redemption of certain portions of the State from preventable diseases. It should utilize the appropriation in pointing out these measures and gaining the necessary information upon these unhealthy conditions. It should advise the public relative to water-supply and food, and point out the dangers. The matter of school hygiene might profitably be presented to those interested throughout Kentucky, and the very elementary sanitary doctrine of universal vaccination might be worthy of attention. Delivering rose-colored addresses on the importance of sanitary regulations, and collecting statistics which are useless, is idle waste of time and money. Voting the purchase out of the annual appropriation of copies of Buck's Hygiene, in two large volumes, bound in Russia leather, for the private use of each member, and allowing bills of expenses for members going to remote cities to attend sanitary conventions, can scarcely benefit to any great extent the health of the people of Kentucky. The recent "demonstration" may for a time beguile the public, but the profession applies altogether a different measure.

Respecting the relevancy of our comments upon this organization, we beg to

refer our readers to the views of an expert, which will be found in this impression of the News under the head of Miscellany. It will be difficult, we imagine, to deny the authoritative position held by the Sanitary Engineer in sanitary science, and it will be evident that the board is estimated abroad as at home.

In the meantime we stand ready to aid the board through these columns in any way in our power, as soon as it may decide to undertake the practical discharge of its important offices. We would urge our readers throughout the State also to aid whatever plans the board may promulgate with a view to redeeming several years of idleness and inefficiency.

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#### THE SWISS CHRISTIANS.

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The term Cretin, applied to some of the worst forms of idiocy found in Alpine countries, is only a corruption of the name "Christian." They were called Chretiens by the peasantry of Switzerland, to imply that they are *par excellence* children of the good God, irresponsible, and incapable of displeasing him.

As to the pure all things are pure, so to the scientist all things are scientific, and we trust that Dr. Kerlein, of Elwyn, Pennsylvania, from whom the above paragraph in the Atlanta Medical Register is quoted, had not a smile on his pen when he wrote it. Indeed, in looking again over his paper entitled "Some Facts about Feeble-minded Children, and their Care and Training in State Institutions," we see that he writes as a scientist and a philanthropist, and not in a spirit of levity. A brilliant malefactor who goes lecturing about our free land for money, and by his seductive discourse essays to unsettle the religious convictions, the benign faith of the multitude, expresses this Swiss idea with evil intent to his hearers.

We observe, by the way, in Dr. Kerlin's essay, that New York houses eight hundred and seventy-one idiots, Ohio takes care of five hundred and sixty, and Kentucky only gives public shelter to one hundred and

sixty. While we can readily believe that idiots are more abundant in New York and in Ohio than with us, yet we know, by observation, that all the Kentucky idiots are not yet corralled.

Idiot, it may be remarked in passing, was once a term of endearment, and indicated innocence, amiability, moral perfection. It was a pet name, like darling, love, etc., and was used by affectionate husbands in addressing their wives. It would scarcely be safe for a husband to call his wife an idiot in this day. It is remarkable that words change in time their signification so completely; as, for instance, magnificent=large-made; admirable=wonderful; indolent=painful, and yet man, the author of words, changes so little from century to century!

#### A DESERVED APOLOGY.

A paragraph in yesterday's Courier-Journal, under the head of "A Bowling Green Doctor Exposed," does serious injustice to Dr. Cooper Wright, of that city. A similarity of names alone caused the unfortunate error. Dr. Wright graduated in the Jefferson Medical College, of Philadelphia, in the spring of 1858, and has since that time ranked with the best physicians in the State. His high social standing, his large practice in Southern Kentucky, and his recognized ability as a physician entitle him to the fullest correction. We regret exceedingly that the Courier-Journal has done him an unintentional injury.

The above paragraph is a graceful apology for a grievous wrong done one of Kentucky's best doctors. The city of Bowling Green has a law which requires all physicians offering their medical services to its citizens to register their diploma in the city archives. Its especial object is to protect the ignorant and credulous of its population against the migratory quacks who infest all cities from time to time, and by their winning wiles filch the scanty means of the humbler folk. It is an excellent ordinance, a wise law, and one which should obtain in all States and communities.

A correspondent of the Courier-Journal, a few days since, made the erroneous statement that Dr. Wright had never received a

diploma. Hence the apology. Dr. Wright has our cordial sympathy in his vexation, and also our hearty congratulation in receiving such ample and prompt redress. The puissant press is not always thus quick and fair and generous in its dealings with the innocent victims of its errors.

#### Bibliography.

**The Physician Himself, and What he should Add to his Scientific Acquirements.** Third edition. By D. W. CATHELL, M.D., late Professor Pathology, College Physicians and Surgeons. Baltimore, Md.

Two editions, of three thousand each, having been speedily sold, Dr. Cathell has brought out a third, in which he has made clear a few passages which before were not perfectly perspicuous. Beyond this, *The Physician Himself* was scarcely susceptible of improvement. We again commend this work to our readers as brim full of common sense, valuable suggestions, and wise warnings to all those who have not yet "made their calling and election sure" in the profession. The following extracts, taken at random, illustrate the character of Dr. Cathell's charming book:

"You must bear in mind that man is something more than a stomach and body, and must constantly study the use of psychological aids, and try to compel your patient's will to assist you."

"The power of impressing those you meet with a favorable opinion of your adaptation to your calling is an important advantage."

"No one can succeed fully without the favorable opinion of the maids and matrons he meets in the sick-room. The females of every family have a potent voice in selecting the family physician. I have often thought that the secret why so many truly scientific aspirants fail to get practice is that their manner and acquirements do not appeal to the female mind."

"You will find that remembrance of the names of children, and of patients, you see but rarely, and the salient points of former interviews with them, are very useful adjuncts to other qualities."

"Children's likes and dislikes will control your destiny in many a family."

"You will also occasionally be asked for advice by those about to marry, and by others newly married, who are miserable on

account of this or that affliction, defect, or fear. Remember in all such cases to charge your *full fee*, even though you write no prescription. With them the charge is for giving valuable information and satisfaction.

"Never recommend sexual intercourse as a remedy for self-pollution, nocturnal emissions, spermatorrhea, hypochondriasis, acne, or any thing else."

"If such people risk syphilis, gonorrhea, bastardy, or exposure, or commit rape, adultery, or self-pollution, let it be on their own responsibility, not on yours. Perfect chastity is entirely compatible with good health; and I know of no disorder, either of body or mind, in which fornication is necessary."

**Legal Medicine.** By CHARLES MEYMOTT TIDY, M. B., F. C. S., Professor of Chemistry and Forensic Medicine at the London Hospital. Two volumes. William Wood & Co., New York. 1883.

This work, the November and December numbers of Wood's Library of Standard Medical Authors for 1882, can be obtained only by subscribing for the whole library (\$15 per twelve books). The subject-matter is the substance of a course of lectures delivered to the students at London Hospital during the summer of 1881.

Dr. Tidy's reputation had led us to expect much of this, his latest work. We are not entirely disappointed. While the book bears conspicuous evidence of hasty preparation, it is more than redeemed by the author's fluent style and judicious selection of material. Although published for practitioners, the author evidently designed it more especially for the student, devoting the main text exclusively to the enunciation of principles. In the works of Taylor and others, the continuity of the text is broken by the recital of illustrative cases which, to make the history complete, must necessarily contain much irrelevant matter. This difficulty is obviated by reserving such cases for a sort of supplement at the end of each chapter and inserting references in the main text.

The work is not all that we could wish or expect of the distinguished author, and besides it is eminently English, still, in the absence of any thing better, "it meets a long-felt want." The field has long been supplied with exhaustive treatises of great value to the medical jurist, but the student and general practitioner have looked in vain for a book succinct enough for them to mas-

ter and yet comprehensive enough to meet their needs. A warm welcome should be given to any work that will encourage the unambitious student or busy practitioner to cultivate the much neglected but important field of medical jurisprudence. For every physician, no matter how recent in practice or how remote his location, is liable at any time to meet cases requiring all the acumen, judgment, and learning of a medical jurist. His first day in practice, the first ring at the door-bell, may bring the young doctor face to face with a case necessitating the giving of evidence or the expressing of opinions which, after being tried in court, may be published in newspapers and criticised in medical journals, evidence and opinions on which may hang the physician's reputation or even the prisoner's life. S. E. W.

**THE LAW OF HUMAN INCREASE.** By Nathan Allen, M.D., LL.D. Reprinted from the Popular Science Monthly.

**NASO-AUTRAL CATARRH, AND ITS TREATMENT.** By W. H. Daly, M.D., of Pittsburg, Pa. Reprinted from the Archives of Laryngology, October, 1882.

**BROMIDE OF ETHYL;** the most perfect anesthetic for short painful surgical operations. By Julian J. Chisholm, M.D., Baltimore, Md.

**GONORRHEAL RHEUMATISM.**—Dr. Nolen thus concludes (*Deutsches Arch. f. Klin. Med.*, Nov.) a strong article on gonorrheal rheumatism: While occasionally gonorrhea is complicated by a rheumatic affection, such cases are very rare in proportion to the immense number of cases of gonorrhea not so complicated, and even when present, the rheumatism may be of the most diverse nature and intensity, and possess no distinctly characteristic features. It seems to be fairly well established that when *once an attack of gonorrhea is complicated by rheumatism, it is also present in subsequent attacks*, indicating the probability, in some unknown manner, of the causative action of the gonorrhea; though it may also be held that the principal cause lies not in the gonorrhea, but in the constitutional tendencies of the individual, the simultaneous occurrence of gonorrhea and rheumatism being merely a coincidence.

[The last suggestion is, beyond a reasonable doubt the correct hypothesis.]

## Correspondence.

### ATRESIA OF THE UTERUS.

*Editors Louisville Medical News:*

The history of the following case is given because of its rarity, because of the simple method employed for the relief of the patient, and because of the obscure and to me unknown cause of the lesion.

Mrs. Y., aged forty-two years, delicate, dark complexion, black hair and eyes, nervous temperament, was married at twenty-three. Prior to her marriage she enjoyed good health. Ten months after her first child was born, and in eighteen months afterward her second child was born. Two years later she miscarried at six months of utero-gestation, and in one year afterward she aborted at two months. Here dates her failing health. For several years she was treated but irregularly, and passed through the hands of several physicians. The only idea she had of her disease was that her physicians had told her that she had "womb disease, ulceration of the os," etc. She stated to me that she was not cured, but that her condition had been benefited. She was kept in bed for several months by one of her doctors, while he subjected her to a vigorous and active course of treatment, consisting chiefly of caustics, etc.

In the spring of 1876 I first saw her and obtained the foregoing history. She claimed that after her last abortion she menstruated with comparative regularity, but always with some discomfort, and usually followed by a profuse leucorrhea. At this time she was feeble, anemic, nutrition bad, and neurasthenic symptoms very prominent. Her symptoms all pointed to pelvic disease. The uterus was examined and found anteverted, with a decided metritis, with cervical erosion, etc. Palliatives were locally employed. Ferruginous tonics, with strychnia, were given for several weeks, and in about three months she was discharged in fairly good health.

I saw her again in September, 1882. During this interval of six years she had been able to discharge all her domestic duties. At this visit she informed me that she had for several weeks suffered violent pain in the pelvis, and that it was growing worse each month. During the spring months her menses were scanty—a mere stain—very painful, and followed by leucorrhea. Her pain was located in the lower abdomen, back, and loins. Retching and vomiting

were prominent symptoms, while the pains in the occiput were almost intolerable. During July and August there was no uterine discharge of any nature, but the vesical and uterine tenesmus were sufficiently painful to confine her in bed for several days. The arrest of the menses I could not explain. Eighteen years had elapsed since the last abortion. There were no signs of pregnancy during that time, and I could not believe that she had reached the meno-pause.

A digital examination of the pelvis revealed the following condition: The ovaries occupied their normal site; the uterus prolapsed and slightly anteverted. The os could not be outlined. Only a smooth, even surface could be felt.

In the left lateral position with a Sims speculum I found the cervix very much enlarged, its conical form obliterated, while the os could not be seen. There was no cicatrix to indicate its former site. Firm pressure with a steel sound on the most dependent part of the cervix elicited only a feeling of slight fluctuation. No sign of disease without could be seen. On the contrary, the cervix presented that natural, glistening appearance usually observed in healthy uteri.

The diagnosis now was plain enough, and the remedy for relief at once suggested itself. The organ was drawn down within easy reach by a tenaculum, while the speculum was held by the nurse. I passed a bistoury into the cervix at a point where the os ought to have been, and far enough to reach the inner os. A flow of dark, bloody, offensive matter came away, which I supposed to be retained menstrual fluid. I then passed with difficulty a number of graduated sounds into the uterine cavity, and dilated the canal as widely as could be done with such instrument. There was so much stenosis of the cervix that it required some force to pass an ordinary sound through the canal. After securing all the dilatation obtainable by the above method, cotton tents saturated with tannate of glycerin were passed into the cervix and the canal firmly plugged. These were allowed to remain for twenty-four hours, when they were removed and the parts disinfected. This treatment was continued for several days at intervals of a week. Dilatation with a sound was resorted to until the menstrual flow returned. The first period after the operation was so free and void of pain that no further local treatment has been employed. At this writing, five months afterward, the flow is natural

and virtually painless. All pain in the bowels and back, as well as the intense pain in back of the head, nausea, vomiting, etc., has disappeared.

Dr. Thomas, in his work upon Diseases of Women, devotes a few pages to uterine atresia, and sums up all the causes likely to lead to such results, viz: (1) Use of caustics; (2) cervical endometritis; (3) neoplasms in cervical canal; (4) senile atrophy; (5) sloughing after parturition; (6) amputation of uterine neck; (7) use of steel curette. The first of these causes often produces stenosis and sometimes complex atresia. The fourth is very common in old age. In the case just given I am at a loss to know what to attribute the atresia to unless it be to senile atrophy, and that view is antagonized by the free and painless menstrual flow for several months since.

EDWARD ALCORN, M.D.

HUSTONVILLE, KY.

### THE FRUITS OF THE NEW CODE.

*Editors Louisville Medical News:*

Since the late meeting of the New York State Medical Society and the adoption of the so-called New Code of Ethics, there is a desire among the members of the profession in this city to obtain a list of the members of the society mentioned who advocated and who approve this departure. It can not be regarded as any thing more or less than a desire to affiliate with and encourage quackery, and the authors of the movement should be permitted by reputable members of the profession to enjoy the inconveniences as well as advantages of their chosen position. It is often necessary to refer our friends and patients going eastward to physicians, and it is important to know these members of the New York State Society who have voluntarily severed their connection with the medical profession of the country, so that we may advise accordingly. You will confer a favor upon many of your readers if you will publish the "black list" in an early number of the News. See my card enclosed herewith.

JASON.

LOUISVILLE, March 9, 1883.

[Our correspondent is a prominent practitioner of Louisville, and, from similar requests received from various sources, we are convinced that he expresses the views of the body of the profession in the Southwest. In reply, we would refer our correspondent and others interested to our issue

of February 13, 1883, in which number of the News will be found a full account of the proceedings of the Medical Society of the State of New York. He will find therein the names of those who have led the movement in New York.—Eds.]

*Editors Louisville Medical News:*

Quite recently my attention has been called to an accidental vaccination of a very respectable lady in this vicinity with the fresh saliva of a calf while sucking. This lady had on the index finger of her right hand two naevi, or small warts. While milking her cow the calf annoyed her, and she (lawfully in this state) gave it a back-hand slap, and, striking one of the naevi against the calf's tooth, contused or wounded it so as to cause it to bleed a drop or two. About a week or ten days thereafter it inflamed, causing the hand and arm to swell, with rigors and considerable febrile excitement. The pustule was well formed, umbilicated and desquamated about the 26th day. All of the ordinary phenomena of a well-typed bovine vaccination, and the characteristic eschar supervening, caused me to question, what is the true bovine vaccine? If the distinguished Jenner was mistaken as to how this bovine vaccine was acquired, and instead of the grease, a disease of horses' heels, being the medium through the cow, it is the fresh saliva of a calf, we should experiment sufficiently to ascertain the truth.

I do not state this as a fact, but feel that it is due to the well-being of mankind to sift this thoroughly, by proper and competent experiment, to see if this case will not lead to the discovery of what is the true prophylactic against the most loathsome of all diseases, smallpox.

T. J. REID, M.D.

HOT SPRINGS, ARK., Feb. 12, 1883.

**TREATMENT OF GONORRHEA.**—A large number of American physicians have of late reported successful results in the treatment of gonorrhea by the *yellow oleum santali*. The remedy puts an end to the discharge within two days, it is claimed, but to prevent a relapse it has to be continued for two weeks longer. From fifteen to twenty drops given three times daily is the dose, on sugar or in capsules. It is likely this old remedy, now revived, will cure many cases and fail in many cases like the other panaceas.

## Selections.

**RENAL INADEQUACY.**—In an address on this subject recently delivered before the Metropolitan Counties Branch of the British Medical Association, Dr. Andrew Clark, Physician and Lecturer on Clinical Medicine, London Hospital, and President of the Clinical Society, stated (*British Medical Journal*): "There is a certain state of the kidney in which, without any alteration of structure that the eye can detect, it can, nevertheless, not produce a perfectly healthy urine. It is a urine low in density and deficient in solid constituent, principally in urea and its congeners. I call this state renal inadequacy. You may say, 'It seems scarcely wise to introduce a name like that, when probably it is nothing less than an early stage of Bright's disease. Why bring in another name?' I will not say that it is not an early stage of Bright's disease; I do not know. I think it need not necessarily be; but I shall assume that it is, perhaps, a very early stage of Bright's disease. I nevertheless think it of practical value—and we who are here to-night are practical men—to recognize by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which, if unnoticed, may lead to serious injury to the patient. Let me explain. The people who have this renal inadequacy are characterized by three things particularly. First and foremost, they are characterized by a curious inability properly to repair damages done to them either by accident or by disease. I have no doubt you as well as I have often been puzzled to know why, in particular cases, they could not repair a common accident; or why, in a disease such as pneumonia, the exuded stuff was not melted and speedily swept away; why a man who had met with some trifling accident in the wrist or shoulder remained suffering from it. Then, they not only repair damages of this kind slowly, but they are peculiarly vulnerable. They are a people, as a rule, who are always catching cold, and who, when they catch cold, come within the category of the first characteristic—namely, that they do not get rid of the cold. They are the people who, without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like. Then, thirdly—and, I think, almost the most important thing to be noticed about these cases—you can never

be sure of the result of the performance of an ordinary surgical operation upon them. It is this class of people, as I had the opportunity a few years ago in London of discovering, that die from a simple operation by hemorrhage. It is this class of people who have an abscess opened, and immediately become what is called pyemic. It is this class of people who, without his being able to explain it, attracted the notice of that distinguished surgeon, Sir James Paget. Some years ago he said, 'Whenever I find a man in ill-health, without definite cause for the ill-health, I feel sure that my chances of success in operating upon him are diminished by at least one-half.'

**CEREBRAL DYSPEPSIA.**—The author insists strongly on the purely cerebral origin of many forms of dyspepsia, where the patient is neither overindulgent, nor intemperate, nor addicted to hurrying over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, where a healthy man with a good appetite suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious or more jarring to the cerebral elements than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind in such cases preys upon itself; the cerebral elements seem to get jarred and out of gear; and with this condition the stomach sympathizes. But in addition to worry the habitual practice of calling into action the 'reserve fund' of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability, this condition sooner or later telling upon the digestive organs. Having said this, it is almost unnecessary to add that such cases are most commonly met with among those who are engaged in the hottest part of the 'battle of life' or 'struggle for existence'; and, again, amongst these, chiefly those whose business or profession leads to much anxiety, uncertainty, or over-stretching of the mental powers. In over-aspiring, over-ambitious natures 'hope deferred' may bring about the same results; as, according to the biblical expression 'it maketh the heart sick.' My

attention was drawn to several cases of dyspepsia connected with one or other of these conditions some time ago; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin, was their obstinacy under all forms of natural treatment. Latterly, I have found that the only treatment capable of doing these cases any permanent good is a change in the wide sense of the term—a relaxation from business or study; and, as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Among these, I have found the most useful to be the bromide of ammonium, or bromide of potassium—preferably the former—given in a sufficient dose at bed-time to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three or four times during the day, such medicines as are known to have a building up effect on the nervous system—among these, the most useful being phosphorus, or the hypophosphites, and cod-liver oil. Arsenic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do if overtasked when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible.”—*Dr. John S. Main in British Medical Journal.*

#### DIABETES INSIPIDUS OF NERVOUS ORIGIN.

An instance of the connection between diabetes insipidus and disturbance of the central nervous system, recently recorded by Flatten, is of much importance not only to the pathologist, but to the physiologist, as it confirms certain previous observations respecting the localization of the urinary centers or nervous tracts. (*Archiv f. Psychiatrie*, XIII. 3, S. 671.) The case was of traumatic origin. A man, aged twenty-two, sustained a severe injury to the left side of the neck and the occipital region, with temporary loss of consciousness, variable diplopia, and impairment of hearing on the right side. Almost immediately after the accident, polydipsia and polyuria set in, and later on boils made their appearance. When seen by Flatten, the man was found to be suffering from complete paralysis of the left ex-

ternal rectus, and partial paralysis of the right external rectus. Hearing was lost at the external meatus of the left side, while sounds were conducted through the structures of the head. There was neither sugar nor albumen in the urine, which amounted to twelve litres (423 ounces) per diem. Iodide of potassium was exhibited internally, and mercurial ointment rubbed into the neck, whereupon the polyuria decidedly diminished. Flatten's diagnosis of the locality of the lesion was that it was situated close under the nucleus of the left sixth nerve, which it destroyed, while it extended across the middle line and affected the nucleus of the right sixth nerve; but confessedly this diagnosis did not account for the peculiar disturbance of hearing. It is a fact of the greatest possible interest that the present case is the third instance on record of the association of traumatic polyuria with paralysis of the sixth cranial nerve.—*Medical Times and Gazette.*

THE SALICYLATES AND HEMORRHAGES IN ENTERIC FEVER.—Dr. James Fergusson, of Perth, writes: “At the time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hemorrhages from the bowel raised the question, Could the salicylate be favoring the production of that complication of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterward, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also salicylic acid (though of the latter I can not be certain, as I am not able now to find the report in question), to cause intestinal and nasal hemorrhages. The subject would not have been revived by me at present but for the recent experience of my successor in the resident's office of the above-mentioned institution, D. H. McLean Wilson, who joins me in placing the facts before the public. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hemorrhages to follow closely. His employment of the agent differed from mine, in that he

administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-dram or dram doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers."—*British Medical Journal*.

**PHTHISIS AND AGUE.**—The antagonism between phthisis and ague is relative rather than positive; that is, phthisis occurs more frequently in regions where intermittents are not endemic, and vice versa; we can not say where intermittents are dominant there phthisis is not met with. Both diseases, too, may occur simultaneously in the same person. Dr. Vieta, writing in the *Genio Medico-Quirurgico*, of January 15th, describes his experience in Azagra, in the kingdom of Navarre. The situation of the town is very damp and low; it is surrounded by the rivers Ebro and Ega, and formerly these constantly overflowed their banks, inundating half the town. The streets were unpaved, and full of holes, in which the water lodged. In the outskirts much hemp was cultivated, and there were innumerable stagnant pools, in which the hemp, after being cut, was macerated. Severe intermittent fevers were very prevalent. Now the streets are paved, the rivers embanked so that they are confined to their proper channel, and hemp is not so much grown, market-gardening being more profitable. The town has become much more healthy, and intermittents are no longer endemic. The few cases of ague which occur are simple, without the marked paludic cachexia and tendency to relapse, and yield readily to treatment. But with this diminution of intermittents there is a decided and marked increase in the number of cases of chronic affections of the lungs, especially phthisis, which was formerly all but unknown in this locality. Dr. Vieta does not attempt to account for this antagonism. He attributes the phthisis to neglected bronchial catarrhs, and says that hereditary influences and diathesis play no part in its causation. He therefore hopes that, with improved hygienic means and knowledge, this also may be eradicated.

**THE TUBERCLE BACILLUS IN THE URINE.** The first recorded observation of the tubercle bacillus in the urine of a living man has just been announced by Professor Rosen-

stein of Leiden, in the *Centralblatt* for February 3d. The bacillus had indeed already been discovered in the products of the pelvis of the kidney, but the observation was made post-mortem, and was therefore of comparatively less value than the detection of the organism in urine freshly passed. The case in point was that of a man aged thirty-seven years, with scrofulous disease of both testes, and abundant albuminuria, the urine being muddy and presenting a few flocculi, as large as the head of a pin, floating through it. On standing it deposited a considerable sediment, which consisted chiefly of pus with a few red corpuscles. For the purpose of careful examination, the urine was passed into a solution of thymol, and allowed to stand for twenty-four hours. The fluid portion was then removed, and a drop of the sediment was treated like sputum which is being examined for bacilli, according to Ehrlich's method. (See *Medical Times and Gazette*, 1882, vol. i., page 559.) With a high power of the microscope it was discovered that abundant masses of the tubercle-bacillus were present in the flocculi just described. Professor Rosenstein recommends the use of methyl blue in the process of preparation, to prevent confusion of the tubercle bacillus with other organisms present even in fresh urine.

THE following letter from Mr. J. Knowsley Thornton to Prof. Gross contains the latest exposition of British statistics in ovariectomy. We extract it from the *College and Clinical Record*:

"I fear you will think I have forgotten my promise. At last I send you the statistics. I have found it very difficult to get them. I can get nothing later as to Clay's and Dr. Keith's, only up to October, 1881. The others are almost to date.

	Cases.	Recov- ered.	Died.	Mortal. per ct.
Dr. Clay, of Manchester,	93	64	29	31.11
Mr. Spencer Wells, . . .	1088	847	241	22.15
Dr. Keith, . . . . .	381	340	41	10.76
Mr. Knowsley Thornton,	328	293	35	10.67
Mr. Lawson Tait, . . . .	226	199	27	11.94

"Dr. Peaslee (page 276) credits Mr. Clay with two hundred and fifty cases; recovered, 182; died, 68; mortality, 27.2. I have not been able to verify these results, and therefore have not given them in the above table. The discussion in the *British Medical Journal*, in 1880, failed to elicit any statement from Clay himself as to results. He then said that he had performed four hundred before he ceased to operate. I think, under

any circumstances, his results should hardly be given in comparison with those of Wells, Keith, Tait, and myself, as ours are thoroughly authenticated by published tables; Clay's never have been. I think my own mortality answers your question as to the value of the spray. I did not know until I began to look up the matter for you that I actually have got slightly the lead."

R.—Touching the physician's symbol, Dr. Paris states that the physician of the present day continues to prefix to his prescriptions the letter "R," which is generally supposed to mean *recipe*, but which is, in truth, a relic of the astrological symbol of Jupiter, formerly used as a species of superstitious invocation. Another origin has, however, been given. At the close of the sixteenth century Dr. Lee was, according to his own account, and we verily believe his own conviction, on terms of intimacy with most of the angels. His brother physician, Dr. Napier, got almost all his medical prescriptions from the angel Raphael; and Elias Ashmole had a manuscript volume of the receipts, filling about a quire and a half of paper. Now, it has been thought that the prefixed characters which Ashmole interprets to mean *Responsum Raphaelis* remarkably resembles that cabalistic-looking "R" which is to this day prefixed to medical prescriptions, but is commonly interpreted *recipe*.—*Medical Times and Gazette*.

AN ACCOUNT OF TWO HUNDRED AND EIGHT CONSECUTIVE CASES OF ABDOMINAL SECTION PERFORMED BETWEEN MARCH 1, AND DECEMBER 31, 1881.—Mr. Lawson Tait, F.R.C.S., Eng., Surgeon to the Birmingham and Midland Hospital for Women, in a paper bearing this title, gives the following analysis of the series: Exploratory incisions, 13 cases, with no deaths; incomplete operations, 8 cases, with four deaths. Operations for cystoma: One ovary, 36 cases; both ovaries, 28; parovarian cysts, 12; hydrosalpinx, 16; pyosalpinx, 20; or 112 cases, 3 deaths. Removal of the uterine appendages: for myoma, 26 cases; for chronic ovaritis, 12; for menstrual epilepsy, 1; or 39 cases, 5 deaths. Hepatotomy for hydatids, 2 cases; hydatids of peritoneum, 2; cholecystotomy for gall-stone, 2; radical of hernia, 1; nephrotomy for hydatids, 1; nephrectomy, 1; intestinal obstruction, 1; solid tumors of ovary, 3; hysterectomy for myoma, 10; cysts of unknown

origin, 1; tumors of omentum, 1; pelvic abscess opened and drained, 7; chronic peritonitis, 4; or 35 cases, 4 deaths. Total, 208 cases, with 16 deaths. These operations were not performed under carbolic spray.—*British Medical Journal*.

QUININE AND POTASSIUM CHLORATE IN MALARIA.—Dr Baldini, of Grado, west coast of Africa, reports (*Med. Chir. Rundschau*) that he has, in over seventy cases of intermittent fever, cut short the attack, as with one blow, by using these drugs in combination. He gives for a dose twenty to thirty grains of sulphate of quinine, with fifteen grains of potassium chlorate in a number of pills. For children he suspends the powder in milk.—*The Practitioner*.

["As with one blow;" yes, but great Galen, what a blow! Fancy taking thirty grains of quinine with fifteen of chlorate of potash into one's stomach at once! Said the chairman of a church delegation appointed to reason with an old-time preacher who persisted in thundering the uncomfortable doctrine of inevitable and perpetual torments of fire to the unregenerate, "I tell you, sir, the people ar n't a-going to stand it." So we say of Dr. Grado's dose. The people won't stand it. It may go down in Africa, but it will not in America. It is not likely to stay down any where. In this vicinity, but a few such prescriptions would promptly suffice to drive one's patients off to a less formidable doser.]

ALCOHOL FROM SMOKE.—The latest instance of the utilization of waste products is that effected at Elk Rapids, Mich., with the gaseous matter given forth by a blast furnace in which are manufactured fifty tons of charcoal iron per day. In the case to which we refer, the vast amount of smoke from the pits, formerly lost in air, is now turned to account by being driven by suction or draught into stills surrounded by cold water, the result of the condensation being first, acetate of lime; second, methyl alcohol; third, tar; the fourth part produces gas, which is consumed under the boilers. Each cord of wood produces 29,000 cubic feet of smoke; 2,900,000 feet of smoke handled in 24 hours, producing 12,000 pounds of acetate of lime, 200 gallons of alcohol, 25 pounds of tar.—*Stearns' New Idea*.

ALCOHOL probably exists in the air, earth, and water around us, as a product of organic decomposition.—*Dr. Norman Kerr*